FORM D



SEC 1972 (6-02)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPI	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ge burden
hours per respon	

SEC USE	ONLY
Prefix	Serial
DATE REC	EIVED
1	1

606 1 75 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
lame of Offering (
iling Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE COED
ype of Filing: New Filing Amendment	PROCESSED
A. BASIC IDENTIFICATION DATA	mant 2 n 2005 //
Enter the information requested about the issuer	JAM F. D. Faces
ame of Issuer (check if this is an amendment and name has changed, and indicate change.) Sylarus Technologies, LLC	THOMSON THOMSON
ddress of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1421 South River Road, St. George Utah 84790	847-562-1801
ddress of Principal Business Operations (Number and Street, City, State, Zip Code) different from Executive Offices)	Telephone Number (Including Area Code)
1421 South River Road, St. George, Utah 84790	
let Description of Desiress	
Production, manufacture and sale of substrates and materials refinement up of Business Organization	
	case specify): limited liability compar
Month Year	1110020
ctual or Estimated Date of Incorporation or Organization: 05 05 X Actual Estim	11 IN / 11
risdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	הופו
ENERAL INSTRUCTIONS	GWUTH
	FINANC
ederal: the Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
then To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. Id Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be the first sue, on the date it was mailed by United States registered or certified mail to that address.	
here To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20:	49.
opies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually lotocopies of the manually signed copy or bear typed or printed signatures.	signed. Any copies not manually signed must be
formation Required. A new filing must contain all information requested. Amendments need only report ereto, the information requested in Part C, and any material changes from the information previously supplied be filed with the SEC.	
ling Fee: There is no federal filing fee.	
his notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sall LOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sale to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for ecompany this form. This notice shall be filed in the appropriate states in accordance with state law, his notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate lederal notice will not result in a loss of an available state exemption unlefiling of a federal notice.	

Persons who respond to the collection of information contained in this form are not

required to respond unless the form displays a currently valid OMB control number.

20h

.1 of 9

A BASICIDENTIFICATION DAT		
2. Enter the information requested for the following:		
Each promoter of the issuer, if the issuer has been organized within the past five years	5;	
Each beneficial owner having the power to vote or dispose, or direct the vote or dispositi	ion of, 10% or more of a class of a	equity securities of the issu
Each executive officer and director of corporate issuers and of corporate general and r	managing partners of partnership	issuers; and
Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: Promoter M Beneficial Owner Executive Office	تنا ب	eral and/or Member anaging Partner
Full Name (Last name first, if individual)		
JGA Ventures LLC		
Business or Residence Address (Number and Street, City, State, Zip Code)		
4615 Hilton Corporate Drive, Columbus, Ohio 43232-4151		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Office	نيا نيا	eral and/or anaging Partner
Full Name (Last name first, if individual)		
Brink, James R.		
Business or Residence Address (Number and Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·	
4615 Hilton Corporate Drive, Columbus, Ohio 43232-4151		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Office	<u> </u>	eral and/or anaging Partner
Full Name (Last name first, if individual)		
Peisert, Greg		
Business or Residence Address (Number and Street, City, State, Zip Code)		
4615 Hilton Corporate Drive, Columbus, Ohio 43232-4151		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offic		eral and/or Member anaging Partner
Full Name (Last name first, if individual)		
Monnoe Tech Ventures, LLC		
Business or Residence Address (Number and Street, City, State, Zip Code) 400 Skokie Boulevard, Suite 560, Northbrook, IL 60062		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offic	نب سا	neral and/or amaging Partner
Full Name (Last name first, if individual)		
Haag, Philip		
Business or Residence Address (Number and Street, City, State, Zip Code)		
400 Skokie Boulevard, Suite 560, Northbrook, IL 60062		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offic	ني ت	neral and/or anaging Partner
Full Name (Last name first, if individual)		
Torcivia, Bryan		
Business or Residence Address (Number and Street, City, State, Zip Code)		
400 Skokie Boulevard, Suite 560, Northbrook, IL 60062		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offic		neral and/or anaging Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
(Use blank sheet, or copy and use additional copies of th	nis sheet, as necessary)	

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit?	Yes	No
2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit?		8 0
3. Does the offering permit joint ownership of a single unit?		
	\$_318	
	Yes	No X
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual) NONE		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	····	
(Check "All States" or check individual States)	☐ All	States
AL AK AZ AR CA CO CT DE DC FL GA	HI	ID
	MS	MO
	OR	PA
RI SC SD IN TX UT VT VA WA WV WI	WY	PR
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	AII	States
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA	AII HI MS	States ID MO
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN	HI	ĪD
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NI NM NY NC ND OH OK	HI MS	ID MO
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NI NM NY NC ND OH OK	HI MS OR	ID MO PA
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA IIL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NI NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI	HI MS OR	ID MO PA
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NI NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	HI MS OR	ID MO PA
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NI NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI Full Name (Last name first, if individual)	HI MS OR	ID MO PA
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NI NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	HI MS OR	ID MO PA
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer	HI MS OR WY	ID MO PA
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	HI MS OR WY	ID MO PA PR
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA IIL IIN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA IIL IN IA KS KY LA ME MD MA MI MN	HII MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt \$ Equity\$ Common Preferred Convertible Securities (including warrants)......\$ Partnership Interests\$ \$ 650,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors..... \$ 650,000 0 Non-accredited Investors Total (for filings under Rule 504 only) N/A Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 N/A N/A Regulation A Rule 504 N/A N/A \$ 0.00 Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees \$ Ω Printing and Engraving Costs Legal Fees Accounting Fees 0 Engineering Fees \$__0 Sales Commissions (specify finders' fees separately)..... 0 _____ Other Expenses (identify) _ n \$ 0.00

CONFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS.

Total

C OFFERING PRICE	ENUMBER OF INVESTIGES (EXPENSES AND USE)	DE PROCEEDS	
and total expenses furnished in response to Pa	ate offering price given in response to Part C — Question art C — Question 4.a. This difference is the "adjusted gr	ross	650,000 \$
each of the purposes shown. If the amoun	ross proceed to the issuer used or proposed to be used t for any purpose is not known, furnish an estimate total of the payments listed must equal the adjusted great C — Question 4.b above.	and	
		Payments to Officers, Directors, & Affiliates	Payments to Others
			_
Purchase of real estate		🗀 \$	_ 🗆 \$
Purchase, rental or leasing and installation	of machinery	L. 6	⊏ 7 1 € 650 000
!	and facilities	_	
Acquisition of other businesses (including		🗀 🎖	- U3
offering that may be used in exchange for	the assets or securities of another		
l l			
Working capital		\$	_ 🗆 \$
Other (specify):		<u> </u>	_ 🗆 \$
		_	
		🗀 \$	_ 🗆 \$
Column Totals		5 0.00	s 650,000
Total Payments Listed (column totals adde	:d)	\\$ <u>.6</u>	50,000
	A COD FEDERAL SIGNATURE AND A		
signature constitutes an undertaking by the issue the information furnished by the issuer to any n	d by the undersigned duly authorized person. If this notes to furnish to the U.S. Securities and Exchange Compon-accredited investor pursuant to paragraph (b)(2)	nmission, upon writt of Rule 502.	
ssuer (Print or Type)	Signature	Date	1-
Sylarus Technologies, LLC	TIPP W	6/6/	00
Name of Signer (Print or Type)	Vitle of Signer (Print or Type)		
Thilip HAAG	/ Manager		
•			
,			
	ATTENTION		
intentional misstatements or omi	issions of fact constitute federal criminal violat	tions. (See 18 U.S	S.C. 1001.)

	The State Signature 1971 And 1
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on For D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	er has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned
duly au	horized person.
Issuer (Sylarus Technologies, LLC Sylarus Technologies, LLC Sylarus Technologies, LLC
Name (Title (Stint or Type) h. Lip HAAG Manager

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	201-194			AP	PENDIX :			98.2	
1	to non-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ	<u> </u>								
AR									
CA									
СО			- Antonioria de la companya de la co						
CT									
DE									
DC									
FL									
GA			and the state of t						
HI		<u> </u>		<u> </u>					
ID									
IL	ž.	Х	Membership Interests \$331,500	1	\$331,500	0	0		<u> </u>
IN							. <u> </u>		
IA					-				
KS			-						
KY									
LA									
ME		<u></u>	3						
MD									L
MA	<u> </u>								
MI									
MN									
MS									and the second

				APP	ENDIX :				
1	Intend to non-a investor	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE									
NV									
NH									
ИJ	_	Joseph on the Control of the Control							
NM									
NY									
NC	no minimary of parties you of conference in								
; ND									
ОН		X	Membership Interests	1	\$318,500	0	0		Х
ОК			\$318,500						
OR	with the control of t								
PA									
RI	.,								
SC									
SD									
TN									
TX									
UT									
VT	CONTRACT MATERIAL MAT		No. of the second secon						
VA			The state of the s						
WA	See and the second second second								
wv									
WI									

				APP	ENDIXI ==				
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									